

Harford County Health Department

120 S. Hays St., Suite 200 P.O. Box 797

Bel Air, Maryland 21014-0191

Telephone 443-643-0317, 18, 19, 20

Thomas M. Thomas Health Officer

Sanitarian _

Beverly Stump, M.D., MPH Deputy Health Officer	Percolation Test	Application Form		
Fee:	Test Application No.:	Date	:	
installation of undergroun	a percolation test, and is not a pdd disposal of drainage, sewage ations 26.04.02. Fill in all appropriate the second sec	e, and waste in accordan	nce with the Harford Coun	ty Code, Chapter
) Old () ential () Commercial (Family () Multi-Family			
Size of Lot				
Owners Name				
Address				
Phone Number (Home)		_ (Day)		-
Location of Property (give	e directions)			
Subdivision (if applicable	e)	Lot	Sec	
	fifty (\$150.00) dollars is requi Tests. Make checks payable to			el. \$200.00 for
A plat of the property to b	be tested must be submitted with	th this application.		
The following information tests can be conducted.	n may be obtained from the ow	rners tax bill or assessm	ent notice. It must be pro	vided before the
Tax Map # Block # Parcel # Tax I.D. #	Liber # Folio #			
Print Name of Owner or A	Agent Address	ss (print)		
Signature of Owner or Ag	gent	Phone Number		
Office Use Only				
Soil Map	Type			